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ABSTRACT

This report, the third annual publication of Iowa Kids Count, proposes that, by building upon effective system of support, and moving decision-making to the family and community level, solutions to the problems confronting today's youth can be found. The first section of this report summarizes the framework paper developed for the Kids Count Summit. It serves as the framework for the development of a strategic plan for Iowa's youth that will be achieved through an inclusive, statewide planning process involving five separate work groups. The second section of the report offers brief descriptions of current Iowa initiatives that are succeeding with very young children and their families. The programs share a common approach to helping families, yet represent a diversity of specific programmatic approaches upon which a prevention agenda can be built within communities. The final section provides current data on the eight indicators of child well-being used in previous reports: (1) infant mortality; (2) low birthweight; (3) child deaths; (4) teen violent deaths; (5) births to 16- and 17-year-olds; (6) teen unmarried births; (7) foster care; and (8) high school graduation. An additional indicator, child abuse, has been added. This section also includes comparisons among rural, small urban, and metropolitan statistics. (TJQ)

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INDICATORS OF WELL-BEING FOR IOWA CHILDREN

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IOWA KIDS COUNT

REINVENTING COMMON SENSE

INDICATORS OF WELL-BEING FOR IOWA CHILDREN

1993

Iowa Kids Count is affiliated with National Kids Count
and funded by the Annie E. Casey Foundation

The Iowa Kids Count Initiative is funded by a grant from the Annie E. Casey Foundation, which also supports a national Kids Count data book tracking trends in child well-being across the fifty states. Iowa was one of the first eight state projects funded and 1994 will mark the fourth year of the Iowa Kids Count Initiative. The Iowa Kids Count Initiative is administered by the Child and Family Policy Center with a steering committee composed of representatives from the Iowa State University Extension Service, the Iowa State Library, the Commission on Children, Youth and Families, the Office of the Governor, and the Iowa Department of Human Services.

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Introduction:
Reinventing Common Sense

Reinventing Common Sense marks the third annual publication of Iowa Kids Count, an affiliate of the National Kids Count Project funded by the Annie E. Casey Foundation. As with the first two reports, *World-Class Futures* and *Challenging Trends*, *Reinventing Common Sense* provides county-by-county data on important indicators of well-being for Iowa children.

Over the last three years, Iowa Kids Count has been guided by a 120-member Leadership Collaborative. The overall goal of Iowa Kids Count is both to track important trends in child well-being and to hold public policies accountable to affecting those trends and improving the well-being of both children and society.

Members of the Leadership Collaborative have encouraged Iowa Kids Count to go beyond outlining the challenges facing Iowa's children and propose solutions that can improve the chances that all Iowa children will grow to their full potential.

In 1991, the Leadership Collaborative developed five vision statements for Iowa's children, three related to developmental stages (prenatal to five, elementary school years, and adolescence and young adulthood) and two related to important Iowa issues (urban and rural children, and youth preparedness for the work force). These were published in *World-Class Futures*.

In 1992, the Leadership Collaborative sponsored fifteen meetings across the state to broaden participation in the dialogue on meeting children's needs. The 1992 data book, *Challenging Trends*, presented ten-year trend data on eight key indicators of child well-being. On only one of those indicators was there decade-long improvement; on four there was deterioration in the well-being of Iowa children. Both the data and the meetings called for new public strategies to improve child well-being.

Based upon the work of the first two years, Iowa Kids Count staff in 1993 developed a framework paper, "Investing in Families, Prevention, and School Readiness." This paper placed the vision for Iowa's young developed by the Leadership Collaborative in 1991 in the context of public policy. It was presented at the first Kids Count Summit on October 27, 1993.

"Investing in Families, Prevention, and School Readiness" describes the "return on investment" that is possible if Iowa invests in very young children and their families. It demonstrates that an investment in prevention can reduce the need for later social expenditures on remediation services, social welfare services, and public protection. In addition to providing an economic analysis of social costs and benefits, the Summit highlighted seven current Iowa programs that have shown the gains that can be made through comprehensive, family-oriented programs.

One of the speakers at the Summit, Roger Hughes, Executive Administrator of the Carver Foundation, stated that we cannot afford to wait for additional research before we take action. We have sufficient documentation of the problems our children face and their long-term costs. We must trust our own common sense in fashioning solutions to improving the lives of children and our society.

This year's report is entitled *Reinventing Common Sense* to reflect this belief. We can fashion solutions to the serious problems confronting our youth, if we think first of fostering parental responsibility and supporting community involvement with families. This does not mean constructing new bureaucracies, but building upon effective systems of support and moving decision-making to the family and community level.

We can fashion solutions to the serious problems confronting our youth, if we think first of fostering parental responsibility and supporting community involvement.

It also is entitled *Reinventing Common Sense* to reflect the national interest in restructuring the way public systems serve families. In Washington, the Vice President is heading a national performance review to "reinvent government" that has many parallels to the Kids Count framework paper. Iowa can be a leader among states in this reinvention of public response.

The first section of *Reinventing Common Sense* summarizes the framework paper developed for the Kids Count Summit. During 1994, the Leadership Collaborative will use this framework paper to develop a strategic plan, or "Blueprint for Iowa's Young," for implementing this investment strategy. This will be achieved through an inclusive, statewide planning process involving five separate work groups.

The second section of *Reinventing Common Sense* offers brief descriptions of current Iowa initiatives that are succeeding with very young children and their families — in helping families as they nurture and protect their children. These programs share a common approach to helping families, yet represent a diversity of specific programmatic approaches upon which a prevention agenda can be built within communities.

The final section of *Reinventing Common Sense* provides current data on the eight indicators of child well-being used in previous reports and adds an additional indicator — founded cases of child abuse.

The development of the "Blueprint for Iowa's Young" requires involvement from all key stakeholders in Iowa. It requires broad public discussion. At the back of *Reinventing Common Sense* is a form to request additional information about Iowa Kids Count and to participate in the continuing work and dialogue around the "Blueprint for Iowa's Young."

Part One:
Investing in Families, Prevention, and School Readiness

Synopsis of Framework Paper for the Iowa Kids Count Summit

By the year 2000, all children will start school ready to learn.

—First National Education Goal

The First National Education Goal recognizes the critical importance of the first years of a child's life to life-long success. The goal was the result of the bi-partisan 1990 National Education Summit convened by then-President George Bush and the nation's governors led by then-Governor Bill Clinton. It calls upon the federal government, states and communities to develop effective strategies to support children and their families in the early years of life.

Today, too many Iowa children do not start school ready to learn. This absence of school readiness may result from poverty, family stress, lack of primary and preventive health care, or absence of developmental supports both inside and outside the home. Whatever the cause, these children start school with life opportunities already jeopardized.

In some instances, this life course was begun even before they were born, with lack of prenatal care and support. In other instances, their first five years of life do not provide them with the supports that most children receive to prepare them for later life.

Children who do not start school ready to learn often face grim futures. As youth, they are at risk of being victimized and later striking out, of falling behind in school and later being disruptive, of seeing their own future foreclosed and prematurely becoming parents themselves. As adults, they are at risk of lack of employability and resulting welfare dependency, of criminal activity and incarceration, and of continuing the cycle of failure by raising children who do not start school ready to learn. In short, they risk becoming substantial costs, rather than contributors, to society.

These are harsh statements, but reflect reality in Iowa and in the country. This current reality, however, is not immutable. The life course of most of these children can change. Many of the causes of poor outcomes for children in the early years are preventable. Others can be successfully addressed if identified and dealt within a child's first years of life.

Following is a synopsis of the framework paper developed by the staff of Iowa Kids Count, "Investing in Families, Prevention, and School

Readiness." This framework paper examines the costs to society of failing to achieve the first educational goal, that all children start school ready to learn. It then estimates the investment Iowa could make in prevention efforts to achieve school readiness and the potential long-term gains such investments would produce.

The benefits to children of starting school ready to learn cannot be measured in dollars alone. They relate to opportunities for growth, well-being, and social connection and contribution. At the same time, however, many of government's most important decisions affecting school readiness are reflected in budgets and spending priorities. The framework paper places the goal of achieving school readiness for all children in the context of public expenditures and resources. To do so, it seeks answers to the five questions shown in the box at the left.

1. How important are the early years to preventing future social costs?
2. How much are we spending on prevention, compared to the consequences of failing to prevent poor outcomes?
3. What do we know about effective prevention efforts?
4. What investments could Iowa make in prevention?
5. What issues must be addressed in developing a blueprint for investment?

1. How important are the early years to preventing future social costs?

The very early years of a child's life (prenatal through five) are critical to the child's lifelong development and orientation to the social world. Poor outcomes in the early years can have lifelong consequences, both to the child and to society. Research has shown that some of these poor outcomes are preventable through increased social supports.

Research shows that the healthy development of very young children is heavily dependent upon the support their families are able to provide across three important stages:

- perinatal (prenatal through the first year of life) health care and nurturing support in assuring a healthy start in life;

- family and parenting support in the infant and toddler period (from birth to age three or four) in assuring bonding, nurturing, protection, and exploration; and

- developmental support and stimulation in the preschool period (three- through five-year-olds) in assuring school readiness.

Inadequate perinatal health care and nurturing support result in a variety of social costs. Low and very low birthweight and exposure to alcohol and other drugs during pregnancy result in increased costs for neonatal intensive and other medical care for

Table 1:
Preventable poor outcomes and future social costs

Associated costs	Preventable poor outcomes		
	Perinatal Care	*Essential Nurturing*	*Developmental Support*
Health costs			
Neonatal intensive care	√		
Chronic and severe conditions	√	√	
Mental retardation/developmental disabilities	√		
Neurological/mental health	√	√	
Education costs			
Special education	√	√	√
Grade retention	√	√	√
School dropout	√	√	√
Human service costs			
Child abuse/neglect		√	
Foster care		√	
Juvenile delinquency		√	√
Adult dependency costs			
Adolescent parenting			√
Welfare dependency		√	√
Criminal behavior/incarceration		√	√
Institutional/disability care	√	√	√
Lost economic activity/tax revenue		√	√

avoidable disabling conditions. They are associated with increased special education expenditures, foster care costs, and other institutational costs.

Lack of essential nurturing in the early years, as indicated by abuse and neglect, places children at high risk of a variety of later social problems. Among these are medical care for chronic conditions, special education, foster care and juvenile delinquency, welfare dependency, substance abuse, and criminal behavior.

Finally, lack of developmental support and educational preparation places children at high risk not only of school difficulties, but of juvenile delinquency, adolescent parenting, and general lack of employability.

Table One shows connections that have been established between preventable poor outcomes in the early years and future social costs. It is important to note that these preventable social costs extend across the areas of health, education, human services, social welfare, and public protection. Not all of these social costs can be attributed to preventable poor outcomes in the early years. And not all poor outcomes can be prevented. Still, a significant portion of society's expenditures in these areas can be eliminated with effective investments in the early years.

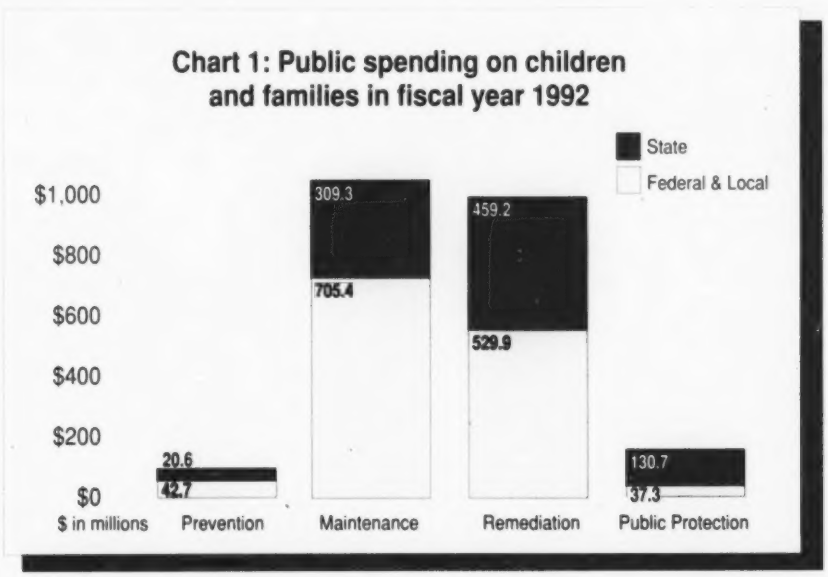
2. How much are we spending on prevention, compared to the consequences of failing to prevent poor outcomes?

As indicated above, failure to prevent poor outcomes in the early years produces the need for social expenditures across a wide array of programs and services.

First, it leads to expenditures in health, education, and human services on compensatory, remediation, and rehabilitation services. Second, it leads to expenditures to meet basic needs in health care, income maintenance, and housing for those not economically self-sufficient. Third, it leads to expenditures on public protection and social control for those involved in delinquent and criminal activities. Finally, failure to support the full development of our youth results in lost opportunities for economic growth and development of a broader tax base.

Iowa Kids Count examined public spending in Iowa in 1992 for prevention and early intervention services and contrasted these with expenditures that at least in part reflected preventable poor outcomes. Included in public spending were federal, state, county, and school district expenditures. Chart One graphically depicts this spending.

As Chart One shows, public expenditures in Iowa have been primarily



directed to addressing the consequences of poor outcomes (through expenditures on compensatory and remediation services, basic needs maintenance supports, and public protection), rather than to preventing or correcting them early in life.

In 1992, total public spending for prevention and early intervention activities was less than $65 million, contrasted with more than $2.15 billion on maintenance, remediation, and public protection. In effect, public spending overwhelmingly reflects expenditures on the "costs of failure" rather than on "investments in success."

State expenditures responding to the consequences of poor outcomes alone totalled $899.2 million, contrasted with less than 3% of that amount, $20.6 million, invested in prevention and early intervention services. Further, the "lost opportunity costs" associated with children not reaching their full economic potential as productive adults also contributes to tax revenues and the capacity of government to provide other public services. While not all poor outcomes are preventable and not all social costs identified can be eliminated, the potential economic returns on investment from prevention efforts are immense.

3. What do we know about effective prevention efforts?

The above provides the rationale for a commitment to investing in prevention in the early years. They do not indicate the type of investment necessary to improve those outcomes, however. As the impacts of preventable poor outcomes are felt across health, education, and human services, the strategies for preventing those poor outcomes involve services that provide health, developmental, and social supports. They also involve provision of those services to families who are most likely to need and benefit from them.

Elements of Effective Service. Through innovations at the state and community level and through evaluation and research, there is increasing understanding of how public policies and programs for families with young children can achieve dramatic results. The elements of successful programs and services include a more community-based, family-centered, developmental, and comprehensive form of frontline worker involvement with families. They also involve the provision, where needed, of additional health, educational, and social services.

At the same time, effective programs seek to use public support systems only as temporary bridges to connect families with natural networks of support and seek to avoid long-term dependency upon public and professional support systems. They give special attention to working with "high opportunity families" (families whose children are most at risk of experiencing poor outcomes and school unreadiness). They are holistic in approach, with goals of improving family self-sufficiency, as well as supporting child development.

Fortunately, Iowa has a number of examples of such successful prevention initiatives. Part Two of *Reinventing Common Sense* describes a number of effective Iowa prevention programs and the impact they have had on specific Iowa families.

Numbers of "high opportunity families." While all families need support in raising their children, most families receive that support through friends, relatives, churches, employment, and civic and neighborhood associations. Successful programs in Iowa and around the country have found their greatest impact is in serving socially vulnerable and isolated families — many who have few of these basic supports.

These high opportunity families can be identified in several ways. They can be identified as families experiencing stress, based upon assessments at the birth of a child. They can be identified as families with risk factors known to be associated with poor outcomes in the early years — single parenting, adolescent parenting, and failing to complete high school. They can be identified as families in poverty, with poverty powerfully associated with stress, social isolation, and poor outcomes in the early years.

Several different methods were used to estimate the number of "high opportunity families" in Iowa. These drew upon the experiences of existing state programs, demographic information about Iowa families, and experiences from other state programs. Each of these methods suggested that there are approximately 18,000 families with children age 0-5 in Iowa who would benefit from comprehensive prevention services and supports at any point in time.

4. What investments could Iowa make in prevention?

Determining the investments Iowa could make in prevention requires identifying the number of families who would benefit from prevention. It also requires estimating the costs of providing those prevention services, and identifying the current prevention efforts already serving these families.

Total costs of comprehensive prevention efforts. Successful programs suggest that much of the work with high opportunity families involves building parenting capacity and responsibility to address family needs. Whether dealing with pregnant adolescents, single-parent mothers of infants, or families of preschoolers needing developmental support, workers need to partner with families and engage in active goal setting and achievement. Initially, low worker-family ratios (caseloads) are needed — ideally with ten to fifteen families per worker. As families progress, they require less outside support; caseloads may grow to twenty families. On average, families require some level of support for several years.

The total costs of providing such support (including supervision, travel, and support costs) is in the range of $45,000 to $65,000 per worker annually. This leads to a total cost for serving 18,000 high opportunity families of $49,500,000 annually, based upon worker and support costs of $55,000 per year.

Chart 2: Current base of prevention efforts for high opportunity families of young children

State initiatives
Birth-to-three programs
FADSS
Healthy Families
Child Abuse Prevention Grants
Infant mortality initiatives
Child Development Coordinating Council pre-school programs
Adolescent pregnancy prevention grants
Family-centered services
State human investment council jobs workers

Federal programs
Head Start
Maternal and child health block grant
Community health centers
WIC
Community services block grant
Chapter One
Extension Service food and nutrition and family support
Education workers
Family support and Family Preservation Act funds
Center for Substance Abuse prevention funds

Net investments needed

(millions)	
$49.5	Cost of comprehensive frontline services to high opportunity families
-$15.7	Current prevention efforts
$33.8	New investment in prevention required for comprehensive initiative

Net costs of a prevention agenda. While the total cost of providing comprehensive prevention services to high opportunity families would be nearly $50 million annually in Iowa, there exist a broad array of state, federal, and community programs that already offer supports to these families. Some programs, such as the Iowa Family Development and Self-Sufficiency (FaDSS) program and the Healthy Families program, offer comprehensive supports that can fully serve such "high opportunity families." Others, such as WIC nutritional counselling, do not represent comprehensive services but contribute to the supports needed by these families.

Many current state or federal programs offer investments in prevention which focus upon high opportunity families with very young children. Altogether, the framework paper estimates they provide $15.7 million in direct frontline worker support to families. As Chart Two shows, a comprehensive investment strategy developing new frontline worker involvement with high opportunity families would require an additional $33.8 million investment in prevention.

This investment can be contrasted with the $899.2 million in state funds or the $2.18 billion in total

public funds currently being spent annually in Iowa on maintenance, remediation, and public protection — all of which are in part the result of preventable poor outcomes in the early years. If a $33.8 million "investment in prevention" could reduce the need for these "expenditures on poor outcomes" by as little as 5%, the savings would be over $100 million annually. This would yield a "return on investment" of $3 for every $1 invested.

5. What issues must be addressed in developing a blueprint for investment?

The $33.8 million figure provides the "what" of an investment budget for Iowa. The size of the investment in a prevention and school readiness agenda is substantial, but also quite modest when contrasted with society's current expenditures to remediate and compensate for preventable poor outcomes. If there is sufficient public will, such an investment could be made without new taxes, simply by placing this at the top of the political agenda.

While the estimates provided in the framework paper are not precise, they are sufficient to make the point that most Iowans recognize — that too many public resources go to addressing problems that could have been avoided through earlier and more productive investments in prevention.

There are substantial challenges beyond financing in designing and implementing such an agenda, however. The "how" of developing an effective prevention agenda involves much more than simply providing the financing for it. It requires a carefully designed effort developed through an inclusive process involving all key stakeholders in Iowa's future.

Specifically, it must address five key challenges.

First, effective prevention initiatives require that they be centered in communities and connect with natural, nonpublic support systems. To build this connection with communities requires substantially more delegation of authority and responsibility to the community level than traditionally has been provided by state government.

Second, this will require significantly more planning at the community level — planning that actively involves neighborhood and community groups. This planning must link public with voluntary systems of support and draw upon natural as well as professional support systems.

Third, comprehensive prevention efforts require cooperation and collaboration at the community level. They require that communities build upon existing programs and resources already available and work to assure that these can serve families efficiently and comprehensively. Current resources that are

supporting high opportunity families must be connected to expanded prevention efforts.

Fourth, a statewide initiative will require attention (and fiscal support) to training, staff development, and quality improvement that has not been characteristic of many publicly-funded program efforts. Successful prevention programs are very people- and worker-interdependent.

Fifth, and finally, a results-oriented prevention effort will require development of tracking of child outcomes and building of accountability based upon achieving results, rather than upon adhering to procedures.

The framework paper developed by Kids Count staff provides the "what" of a statewide investment initiative. Through an inclusive process, the Iowa Kids Count Leadership Collaborative is constructing a blueprint for making that investment. This blueprint will address the critical "how" questions of mobilizing public support and constructing a comprehensive, statewide system that truly invests in prevention and school readiness.

Iowa's many exemplary programs, dedicated workers, and strong mainstream programs all suggest that, if provided the support, Iowa could successfully invest in prevention and be a leader among states in achieving the first education goal and preparing Iowa for the 21st Century.

Part Two:
Building on Strengths: Iowa Programs that Work

The strategy for working with families described in "Investing in Families, Prevention, and School Readiness" is not new to Iowa. In fact, Iowa has a rich array of demonstration programs supporting high opportunity families with young children.

These programs exist in rural and urban settings, and in all regions of the state. Most receive financial support from the state, yet are developed and administered at the community level. They may be under the sponsorship of schools, health agencies, nonprofit community service providers, or city or county government. They may employ teachers, social workers, nurses, paraprofessionals, or other community service providers for direct work with families.

Whatever their background, they share common characteristics. They help families become their child's "first teacher." They actively partner with families to become self-sufficient. They address health, social, psychological, economic, and educational needs. They believe that "all families can succeed." They challenge parents to develop short-term and long-term goals for themselves and their children. They then hold families responsible for working toward these goals.

These programs represent a foundation upon which further investments in prevention can build. They represent successful, home-grown efforts that improve the school readiness of Iowa children. They represent models that should be incorporated into the "Blueprint." They give meaning to the title, *Reinventing Common Sense*.

At the same time, these programs are funded on a demonstration basis and currently serve only a small fraction of all "high opportunity families." Even in the communities they serve, they represent exceptions to the service norm. The following sections highlight six specific Iowa program sites, with five selected from recent state demonstration programs that support multiple program sites. One represents a national demonstration program which selected an Iowa site.

The six demonstration programs are outlined briefly in Table Two. The site descriptions provide family vignettes as well as programmatic information.

Ultimately, programs are successful through the connections they make with the families they serve and support. The family stories are testimony to the potential for investments in prevention, with returns on investment that include but go well beyond budgetary savings and balance sheets.

Table 2:
Home-Grown — Iowa Programs That Work

Early childhood grant program — 67 grantees throughout Iowa providing high quality preschool services to three- and four-year old high opportunity children and their families (administered by the Child Development Coordinating Council and funded through the Department of Education).

Birth-through-three grant program — 12 grantees throughout Iowa providing home visiting services and supports to high opportunity families with infants and toddlers (administered by the Child Development Coordinating Council and funded through the Department of Education).

Family development and self-sufficiency (FaDSS) grant program — 11 grantees throughout Iowa providing comprehensive services leading to self-sufficiency for AFDC families at risk of long-term welfare dependency (administered by the Department of Human Rights and funded through the Department of Human Services).

Person-to-person and infants and mothers pregnancy plus grant programs — 3 grantees in urban areas in Iowa to support "high-risk" pregnant women through outreach and home visiting and 2 grantees to work specifically with drug-involved pregnant women and mothers (administered and funded by the Department of Public Health).

Healthy families grant program — 6 grantees throughout Iowa providing parenting and family support through home visiting to families experiencing stress at the time of birth of a child (administered by the Committee to Prevent Child Abuse and funded through the Department of Public Health).

Comprehensive child development project (CCDP) — 1 grantee within Iowa for a national federal demonstration providing comprehensive services to families with children prenatal to five (funded through the Federal Head Start Administration).

Early Childhood Grant Program Council Bluffs Site

Anthony and his family. Anthony's mother, Susan, discovered the early childhood program at Roosevelt school almost by accident, when she registered Anthony's older brother and sister for elementary school. She met teacher Joan Von Tersch-Crampton, was impressed by her confidence and openness, and filled out an application for Anthony for the comprehensive preschool program.

From the description of Anthony that Susan provided, Joan knew Roosevelt's program could help and Anthony was enrolled.

As she did with other parents, Joan encouraged Susan to volunteer at the Center, where Anthony received high quality early childhood developmental services. In volunteering and accompanying Anthony on field trips, Susan learned how teachers helped Anthony control his

behavior and she participated in Anthony's growth and learning.

Anthony

Two years later, Anthony is a proud, successful first-grader at Roosevelt. Susan says the program helped him immeasurably, but that she saw changes in herself as well as her son.

"The program is a big reason why he's doing so well," Susan states. "I don't want to say that Anthony was a wild and crazy kid — maybe just full of vim and vigor. This program showed me how to handle him. Instead of ranting and raving — which doesn't do any good — I sit down and tell him what to expect. I set down rules and use time-outs for inappropriate behavior. He learned to share rather than grabbing and hitting. I am a more confident parent and it shows in my whole family."

The Program. The Council Bluffs Early Childhood Center is one of 67 early childhood grant programs administered by the interagency Child Development Coordinating Council and funded with $ 4.625 million in state "at-risk" program funds. Programs may be operated by schools, child care centers, or Head Start programs and must be comprehensive in focus. They are targeted to three- and four- year-old children and their families who meet Head Start program qualifications. Eighty percent of participating families are low-income.

In addition to providing early childhood education to children based on a Head Start model, parental involvement is stressed and efforts are made to help families secure nutrition, health care, and other needed services. The Child Development Coordinating Council provides flexible program guidelines that emphasize the need for programs to be responsive to individual family needs.

The Council Bluffs Early Childhood Center has successfully collaborated with over 25 community services to address a variety of family needs. The Area Education Agency is a key collaborator, providing psychological, speech therapy, and other specialized services, as well as diagnostic help. Other community institutions have provided their skills and resources. For instance, Creighton Dental College students have provided dental care; Visiting Nurses provides free physicals; and the Council Bluffs library donates books.

In addition to reaching out to community resources, the Center reaches out to parents. The Center provides home visits to all parents, monthly meetings for parents, field trips with parent participation, and workshops for parents and children. Parental involvement, seen as crucial to parent success, is nurtured and valued by Center staff.

Not all the centers funded by the state look exactly alike, because each has

developed to build upon its families' and its community's strengths and needs. What serves to tie the centers together is their overarching philosophy of child development, comprehensive services, and parental participation. Since their inception, these early childhood centers have produced hundreds of success stories around the state like those of Anthony and his family.

Birth-Through-Three Grant Program
Lakeland AEA Site

Bobby and his family. Staff at the Women, Infants, and Children (WIC) program referred three and one-half year-old Bobby and his family to KIDS (Kommunity Involvement, Development, and Support) because they recognized that Bobby needed immediate help. His behavior at home and in his preschool was out-of-control. Further, Bobby's two-year-old brother was beginning to model Bobby's behavior.

When KIDS worker Deb Gosch knocked on the door of Bobby's home for the first time, she found a family with great needs, but also with strengths that could be used as a foundation for change. Bobby's mother, Anna, had dropped out of high school when she was fifteen, and her memories of school were of teasing and exclusion. Both she and her husband came from physically abusive families. She did not drive and rarely left the house. At the same time, Deb saw immediately her love for and protection of her children.

Anna talked readily to Deb about not knowing what to do about Bobby's behavior, which was often violent. As she talked, Anna gained confidence in Deb and finally shared a secret even her husband did not know — that she could not read or write. She didn't leave the house because she couldn't read street signs and rarely went shopping because she didn't know what she was buying. She was too intimidated to go to her older children's teacher conferences.

With Deb's help and support, Anna enrolled Bobby in a developmental preschool. Deb reassured her that her own painful experiences with special education classes and teasing from other students would not be repeated for Bobby. Deb also supported Anna in attending an Iowa Lakes Community College adult literacy program.

Anna graduated from the literacy program and has learned new ways of managing Bobby and his younger brother. Bobby has moved into a regular classroom and most of his disruptive behav-

KIDS works on parent-child bonding and attachment and instruction in positive parenting skills, but also addresses other family needs, in many cases the result of social isolation.

iors have ceased. Bobby and his siblings now bring books home for Anna to read aloud, and she attends parent teacher conferences.

Now Anna is taking on a new challenge. She is helping her own brothers and sisters learn to read and write, so they can participate in their children's education.

The Program. KIDS is one of twelve birth-through-three programs in Iowa administered by the Child Development Coordinating Council. The state provides $ 500,000 annually for these demonstration programs, whose goal is to increase the ability of parents of "at-risk" infants and toddlers to support their children's growth and development and to meet their special needs. The programs work on parent-child bonding and attachment and instruction in positive parenting skills, but also address other family needs, in many cases the result of social isolation.

While many of the Iowa birth-to-three programs are modelled after Missouri's Parents as Teachers program, there is much variety in approach among the programs. KIDS is an intensive, three to six month home-based program that relies upon referrals of families with infants and toddlers with specialized needs. Operating in a rural area, KIDS staff are located in the offices of Lakeland AEA 3 in northwest Iowa. They do their work with families through frequent home visits. As with other birth-through-three programs, KIDS uses a holistic approach, building on family strengths and individualizing services to meet family needs.

One challenge in working in a rural area, staff contend, is that specialized services often are not as readily available as they are in urban areas. At the same time, workers are more likely to know each other across agencies and be flexible in working out plans that fit family needs. WIC staff knew KIDS staff and knew they would make a connection with Bobby and his family. That spirit of "going to where you're needed" and building upon family strengths is what makes KIDS both popular and successful.

Family Development and Self-Sufficiency (FaDSS) Grant Program
Cedar Rapids Site

Linda and her children. Linda Arnold is now a nurse for the Cornerstone program in Cedar Rapids, where she also volunteers as a peer mentor. She started as a program participant.

Linda gave birth to her first child while in ninth grade, and had two more children by the time she was seventeen. At the time

The philosophy behind FaDSS is that families bring more than employment needs into the welfare office.

Linda and her family

she joined Cornerstone, she was single and her friends from high school had moved away. Linda did not feel she had anyone to support her in her dream to complete the nursing program she was just beginning at Kirkwood Community College.

At Cornerstone, she received counseling from a family development specialist, support through peer support groups and a corporate sponsorship program, and job placement skills training. The drop-in center was a homey place to do laundry, bring her children, socialize, and learn parenting skills.

"Twenty times I wanted to quit college, but my counselor said 'no, no, no!'" Linda said. "Cornerstone was there for me." Cornerstone helped her deal with college pressures by sponsoring special study nights, with free babysitting, a quiet room, and a tutor. Cornerstone workers reinforced her efforts by telling her children the important things Linda was doing. Linda's counselor attended her graduation and celebrated the family's growth.

In addition to working as a nurse at Cornerstone, Linda volunteers as a mentor as one way to repay the support she feels she has received. "There's a woman in the program who is going through nursing and having a tough time," Linda says. "She has five kids. I tell her, 'stick with it. You'll get through some day.'"

The Program. Cornerstone is one of eleven Family Development and Self-Sufficiency (FaDSS) programs operating at thirty-one sites throughout Iowa. Created by the Iowa General Assembly in 1987, FaDSS programs work holistically with welfare families to achieve self-sufficiency. A number of the programs, like Cornerstone, specifically work with families with teen parents and young children.

All FaDSS programs employ family development specialists who conduct home visits with families and help families set and achieve goals that lead to self-sufficiency, child development, and family growth. Urban programs, like Cornerstone, have drop-in centers that provide points of congregation for families and places for specific group activities.

The philosophy behind FaDSS is that families bring more than employment needs into the welfare office, and often require support in dealing with housing, health, counseling, domestic, parenting, and child development needs as well as with jobs.

When FaDSS began, many of the grantees saw their primary goal as getting families off welfare through securing employment. Now, most FaDSS programs view their mission more broadly, as helping families thrive.

"We have to start where the family is and help the family progress. This sometimes means meeting day-to-day living needs. Sometimes it means addressing an abusive adult relationship or connecting a family with a supportive community. Sometimes it means helping a family with parenting, or securing educational support for the kids. Often, it means helping the family adjust to the parent's job training and employment," one FaDSS worker said. "These are all interrelated. Our successes are when the whole family thrives. It's amazing the growth we see."

Department of Public Health Perinatal Care Grant Programs — Person-to-Person and Infants and Mothers Pregnancy Plus Des Moines Site

Louise and her children. When Louise was referred to Broadlawns' Person-to-Person Project, things didn't look good. Louise was five months pregnant, facing eviction from her apartment, and using cocaine. She had not had any prenatal care.

Person-to-Person Project Director Janice Lane explains what happened next. "We started by looking at her hierarchy of needs," says Lane. "We convinced her we were there to help. Then we helped her find a place to stay. We went with her to the different agencies she needed to see to find housing. This is one of the avenues used to build trust. An OB appointment was made and we accompanied her to the appointment."

Meeting basic needs like food, safe housing, and transportation is an essential first step with many families. Only when a mother is safe, warm, and fed can a worker begin tackling issues like substance abuse, improved health care and parenting skills.

As the relationship developed, staff helped Louise with her other three children. They identified one child, who may have been exposed to drugs in utero, as needing special developmental and health services. All of the children needed immunizations. Broadlawns staff members helped Louise secure special

education services, and get her children immunized. They were part of Louise's support system in staying free from drugs.

Louise's fourth child was born drug-free. She was given medical advice that another child would endanger her life, and took necessary steps to prevent the birth of another child. Louise now attends AA regularly, and looks forward to the "Healthy Baby, Healthy Moms" classes that Person-to-Person provides.

"We're encouraged by Louise's investment in herself and her children," Lane concludes.

The Programs. The Pregnant Woman Project at Broadlawns Hospital is funded by two separate grant programs from the Department of Public Health. Person-to-Person receives one of two grants from the Division of Substance Abuse to work with chemically dependent mothers and pregnant women. Infants and Mothers Pregnancy Plus receives one of three grants from the Division of Family and Community Health to reduce infant mortality by providing prenatal services and supports to "high-risk" pregnant women through outreach and home visiting. Total state funding for the two programs amounts to a little over $125,000, which means that the number of families served is very small.

Person-to-Person attributes its success to the fact that it extends much beyond providing clinical health services.

Person-to-Person employs advocate/case managers who know the communities they serve and provide home visiting services to expectant mothers. Meeting basic needs like food, safe housing, and transportation is an essential first step with many families. Only when a mother is safe, warm, and fed can a worker begin tackling issues like substance abuse, improved health care and parenting skills. The success of the program depends on close, often daily, contact with the mothers by a trusted advocate.

Pre- and post-natal classes also constitute an important part of Person-to-Person and are successful because the emphasis is on the teachers taking the time to know the participants. The classes utilize Red Cross's "Healthy Moms, Healthy Babies" and "Dance with Your Baby" curricula from the Iowa Healthy Family Network. This also provides an environment for peer support.

Overall, Person-to-Person attributes its success with women like Louise to the fact that it extends much beyond providing clinical health services. "Improving child health is more than a medical matter," says Janice. "We treat families holistically, and that leads to improvements in general good health and well-being."

Healthy Families Grant Program
Buchanan County Site

Rose's family. When a Healthy Families worker visited 18-year-old Rose at the People's Memorial Hospital following the birth of her daughter, she knew Rose was eligible for services. Rose indicated that she herself had been abused as a child, that she was alone and had no phone, and that there was no one she knew to contact in case of an emergency.

While Rose was leery of having a resource parent visit her home, she agreed to try it for one month. Once a week Carrie Amos, a 21-year-old trained home visitor, met with Rose and her two children. She taught Rose to plan meals and to budget, and helped her make doctor appointments. She sat on the floor and played with Rose's two-year-old son. She brought small gifts when she visited — donations from Avon and Mary Kay cosmetics, diapers, or formula.

Carrie also used Stephen Bavolek's nurturing program with Rose. The program is a planned set of lessons to promote child development through appropriate discipline and nurturing techniques. Since Rose couldn't read well enough to understand the materials, Carrie used verbal instruction. Through the process, Rose's trust and skills grew, and she began to see more of a future for herself, as well as for her children.

Today, Rose is visited monthly, rather than weekly. She works full-time in a restaurant and is married. She and her husband pay for the children to attend a licensed day care center. Rose has received her GED.

Most importantly, Rose understands how to redirect her son's behavior when he misbehaves and has learned how to play with her children. "Rose knows the importance of making eye contact with her kids, of listening when they speak, of holding their hand," says Carrie. "She's grown in confidence and come a tremendous way."

The Program. The Buchanan County Volunteer Co-op's Healthy Families program is one of six such programs in Iowa, established by the Iowa General Assembly in 1992 and administered for the Department of Public Health by the Iowa Chapter of the National Committee to Prevent Child Abuse (NCPCA).

Healthy Families involves home visits that lend support to parents in meeting their own needs while assisting them in nurturing their children and obtaining primary and preventive health care.

The six HOPES pilot programs are based on Hawaii's Healthy Start program and are part of an effort by the NCPCA to expand home visiting services to women like Rose nationally.

Healthy Families recruits families at the time of the birth of a child, screening new parents for signs of stress that might place infants at-risk. Among the indicators that a family is at-risk are late or no prenatal care, adolescent parenting, inadequate housing, few social supports (no families or neighbors available to help), marital problems, depression, or a history of violence in the home. Hawaii's program has demonstrated its success in preventing child abuse through identifying and supporting otherwise high-risk families.

Participation is voluntary and outreach to families is substantial. Healthy Families involves home visits that lend support to parents in meeting their own needs while assisting them in nurturing their children and obtaining primary and preventive health care. Children are participants in the nurturing program, making it possible for home visitors to guide parents in activities that stimulate their child's growth and development.

Like other Healthy Families programs, the Buchanan County Volunteer Co-op site collaborates extensively with other community organizations to support families. The philosophy behind Healthy Families is that the birth of a child offers a wonderful opportunity for growth and change, but it also represents a time when families need extra support and help. Healthy Families uses this opportunity to offer preventive and developmental services that ensure infants receive a good start in life. For families like Rose's, HOPES has delivered new hope and success.

Comprehensive Child Development Project (CCDP)
Story County Site

Fran's family. Fran, a thirty-year-old single mother of four children, describes her own childhood matter-of-factly. She was one of eleven children, raised by her father with "a lot of fighting, a lot of drinking." Fran began drinking at 13, dropped out of school at 17, and gave birth to her first child at 18.

Her life, says Fran, began when she discovered the Comprehensive Child Development Project (CCDP) four years ago. "I never had a life before. It's new and I treasure it. When CCDP came to my door, however, I didn't want them. I didn't have any trust. But Jody, my worker, talked when I didn't. She was supportive, and I opened up."

Fran and her family

Through at least weekly home visits from Jody, Fran began to set goals for herself and see a future for her

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children. She found there were others out there for her. Her confidence grew. "I learned how to play with my children," Fran says. "I learned how to enjoy them. Before, our meals were just 'eat and don't make a mess.' Now, we sit around the dining room table and laugh, talk about what went on in school, and relate what James (the baby) has done during the day."

Today, Fran works in construction, dry-walling, painting, and wallpapering. Her children are proud of their mom, and she is looking forward to the future.

The Program. Mid-Iowa Community Action (MICA) is one of thirty-four CCDP grantees in the country under a program established in 1988 under the Omnibus Elementary and Secondary Education Act and administered by Head Start. MICA was successful in securing CCDP funding because MICA has been a leader in developing comprehensive, family-centered approaches in its work with low-income families.

The goal of the Comprehensive Child Development Project is to work with families over a five-year period to achieve goals of school readiness and family economic self-sufficiency.

CCDP extends the Head Start model to work with younger children and to place even greater emphasis on the whole family. The goal of CCDP is to work with families over a five-year period (in many cases from pregnancy to the time a child enters school) to achieve goals of school readiness and family economic self-sufficiency.

MICA operates CCDP within a five county area that includes Story, Marshall, Poweshiek, Hardin, and Tama counties. As one of the few rural project sites funded nationally, Iowa's program relies more heavily on home visiting than center-based activities, but is committed to offering health services, home instruction for parents and children, nutritional services, early diagnosis and treatment of health and developmental conditions, assistance in securing employment and housing, and referral to specialized services when needed.

Participation is voluntary, but families must be living in poverty, have a child or children under the age of five, and be willing to participate for up to five years.

The CCDP is a research project and has been well-financed, although funding beyond the 1994 year is uncertain. MICA serves 94 families annually, receiving approximately $1,000,000 annually from the federal project, with an additional $ 250,000 in non-federal match.

"Providing comprehensive services is not cheap," says Kathy Readout, program director, "but we have learned that being able to provide comprehensive services in a timely manner, when families need it, makes a critical difference for many of our families. CCDP has given us new experiences. We know what works. I hope people realize that."

Conclusion

The success stories described here, and the programs that helped produce them, illustrate the potential of investing in prevention. The challenge is not in developing successful programs and strategies to help families achieve improved outcomes for their children. Iowa has a wealth of exemplary and successful programs upon which to build.

The challenge is making a sufficient commitment to support more than a small fraction of the state's high opportunity families. The framework paper provides a dollars-and-cents justification for such a commitment. The family stories depicted here provide the equally important human side.

Part Three:
Trends Continue to Challenge

Reinventing Common Sense offers updated data on the eight indicators of child well-being reported in the 1990 and 1991 Kids Count Data Books, *World-Class Futures* and *Challenging Trends*. As in past years, this information is provided in table form on a county-by-county as well as on a statewide basis.

In addition, *Reinventing Common Sense* offers a new indicator, founded cases of child abuse, which replaces the foster care indicator in the trend analysis provided below. Since Iowa has established state policies which place a "cap" on the number of children in group foster care, foster care no longer serves as the best indicator of the degree to which children suffer from abuse, neglect or abandonment. The new indicator, founded cases of child abuse, was selected to offer this information. The 1992 data, with eleven-year trend information, is summarized below.

1992 Data in Brief

Between 1991 and 1992, there was modest improvement in child well-being within Iowa on five of the eight Kids Count indicators, no change on two, and a decline on one.

1992 Improvements. Both child death and teen violent death rates were lower in 1992 than in 1991. Each reached 11-year lows. High school graduation rates also improved, although they have not yet risen to 1986 levels. Birth rates among 16-and 17-year-olds were below 1991 rates, although higher than any other previous year in more than a decade. Founded cases of child abuse declined slightly in 1992, although still well above the rates in the mid-1980s.

No change in 1992. At the same time, between 1991 and 1992 there was no change in the state's infant mortality rate or the proportion of infants born at low birthweight. Infant morality remained constant at 8.0 deaths per 1,000 live births; low birthweight at 5.7% of all live births.

1992 Decline. Even though birth rates among 16- and 17-year-olds declined, the proportion of all births in Iowa that are to unmarried teens rose to a new state high of 8.0%. At no time over the last eleven years has the teen unmarried birth rate declined.

Interpretation of Trends

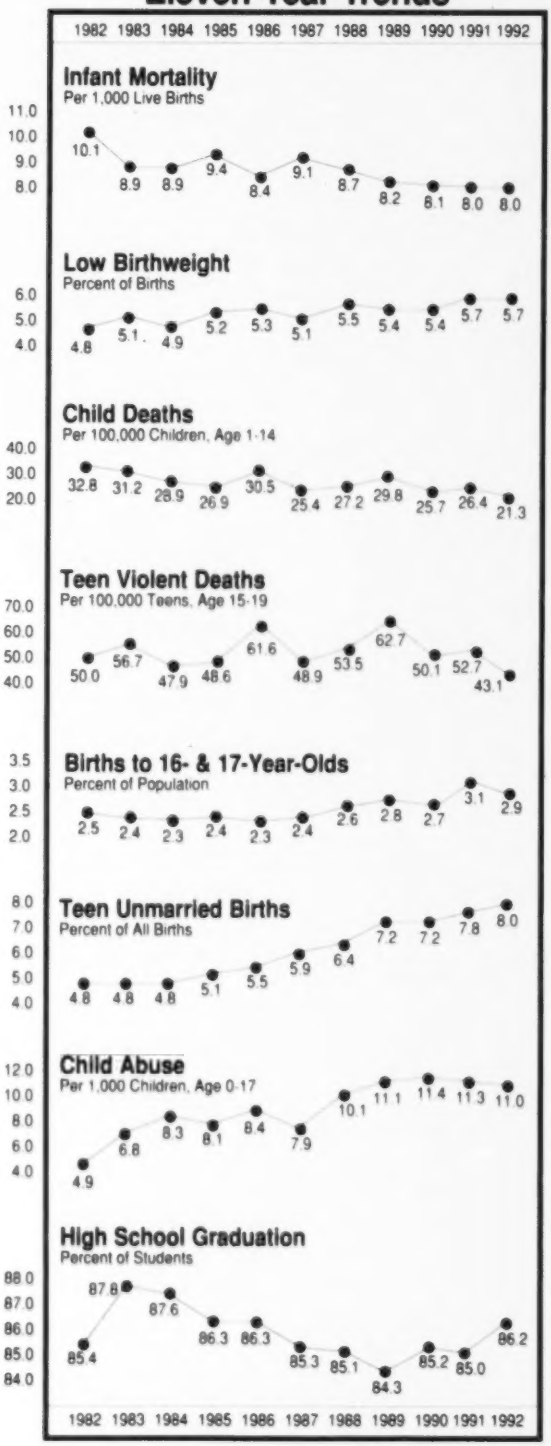
While 1992 saw modest gains on a number of these indicators, however, they have not reversed the decade-long trends reported in the 1991 Kids Count data book, *Challenging Trends*. Updating that report to provide an

eleven-year perspective, the state showed improvements on only two indicators (infant mortality and child mortality), no significant change on two (teen violent deaths and high school completion), and declines on the remaining four (low birthweight, births to 16- and 17-year-olds, teen unmarried births, and founded cases of child abuse). The eleven-year trends for each of these eight indicators are provided in chart form in the next column.

Overall, trends on these important indicators of child well-being continue to indicate a need to support children and families more effectively. While Iowa ranks ahead of most other states on these indicators, Iowa's relative advantage is declining. When looked at over the long-term, the trends on these eight indicators point to increased challenges to child and societal well-being.

Infant and child mortality. Infant mortality and child death rates are the two indicators that have improved substantially over the last eleven years. Over this time, however, most of the improvements in infant mortality must be attributed to medical advances in keeping premature, low birthweight infants alive. Significant further gains in infant mortality are likely to be possible only if there are improvements in prenatal health care and consequent reductions in the incidence of low birthweight. The

Eleven-Year Trends



reduction in child death rates can be attributed in part to improved medical care, in addition to increased use of child safety restraints and other accident prevention efforts.

Low birthweight. Although infant mortality rates have improved in Iowa, the opposite has occurred with respect to low birthweight. Low birthweight, which is very closely related to prematurity, is preventable in many cases through comprehensive prenatal care and support. As has been described in Part One, the future social costs associated with low birthweight are substantial. While Iowa's low birthweight rate of 5.7% is well below the national average, it is well above the Healthy People 2000 goal of 5.0 %. Many other countries have achieved low birthweight rates well below Iowa's.

Teen violent deaths. Teen violent death rates showed a substantial one-year decline in 1992, from 105 deaths in 1991 to 86 in 1992. Some of this was the result of fewer motor vehicle deaths (from 70 to 61), but teen homicides (from 12 to 5) and teen suicides (from 23 to 20) also declined. Hopefully, 1992 figures represent the start of a downward trend in the number of teen violent deaths, but one year's figures are not sufficient to indicate any underlying reason for change.

Adolescent parenting. Births to 16- and 17-year-olds and unmarried teen births as a proportion of all births continue to represent major causes for concern. While most teens do not become pregnant, and the figures do not show a sudden "epidemic" of teen pregnancies, adolescent parenting is connected to low birthweight, poverty, child abuse and neglect, and lack of ability to provide a nurturing environment. Adolescent parenting involves risk and social costs for both teen parent and infant.

Of particular concern is that one in twelve infants in Iowa now is born to an unmarried teen (8.0%), a figure which has risen 67% since the 1982 rate of 4.8% (and 116% since the 1970 rate of 3.7%). This increase in the proportion of unmarried teen births to all births primarily is the result of two factors: the reduction in child-bearing by married women and the reduced likelihood that teens who bear children get married. While these figures do not reflect a sudden change in the behavior of teens nor an increased acceptability of teen child-bearing, they do show a greater relative burden upon society, with a greater proportion of infants being born today to families less equipped to provide them safe and nurturing homes.

Child abuse and neglect. While there have been year-to-year varia-

Overall, trends on these important indicators of child well-being continue to indicate a need to support children and families more effectively.

tions in founded cases of child abuse in Iowa, the overall trend over the last eleven years has been upward. In 1992, there were 7,930 founded cases of child abuse in Iowa, representing 11.0 cases per 1,000 children. While well below the national rate of 20.4 cases per 1,000 children, both the number and the rate of founded cases of child abuse more than doubled in Iowa from 1982 to 1992.

High school completion. Over the last eleven years, although the structure of the workforce in Iowa and the country has undergone dramatic change, high school graduation rates have remained the same. Youth who do not graduate from high school today are much less likely than youth a decade ago to find employment at more than minimum wage levels. Their capacity to command decent, family-sustaining wages is very limited. The lack of progress in high school graduation rates means many more young adults today are at risk of dependency, poverty, and stress as they become parents.

The cost of failure associated with a continuation of these trends represents cause for action and innovation.

General. The trend data presented here have major implications to public policies and public expenditures. As described in Part One, there are substantial social costs associated with low birthweight, child abuse and neglect, adolescent parenting, and not completing high school. Unless these trends can be reversed, many Iowa children will not grow to their future potential.

As a result, there will be increasing demands upon public systems and Iowa taxpayers to support remediation, maintenance, and public protection services. The cost of failure associated with a continuation of these trends represents cause for action and innovation. The trend data provide greater definition for what the public already recognizes as this state's most important social concern. They give further impetus for a public dialogue that seeks to reinvent common sense.

Infant Mortality

Low

The 1992 statewide infant mortality rate of 8.0 infant deaths per 1,000 live births was unchanged from the 1991 rate and, although Iowa's rate has steadily improved over the last two decades, the state has not yet achieved the Healthy People 2000 goal of 7.0 infant deaths per 1,000 live births. Furthermore, less than one-half of the state's counties themselves had achieved the infant mortality goal of 7.0 or below in 1992.

Even though Iowa ranks eleventh nationally among the states with infants born at low birthweight, the 1992 rate of 5.7 percent is still below the Healthy People 2000 goal of 5.0 percent low birthweight infants. If the current trend continues, the

County	Live Births	Infant Deaths	Inf. Mort. Rate
Adair	105	1	9.5
Adams	**41**	**1**	**24.4**
Allamakee	199	0	0.0
Appanoose	**174**	**0**	**0.0**
Audubon	70	1	14.3
Benton	**304**	**4**	**13.2**
Black Hawk	1,651	14	8.5
Boone	**289**	**4**	**13.8**
Bremer	259	1	3.9
Buchanan	**327**	**2**	**6.1**
Buena Vista	274	0	0.0
Butler	**159**	**1**	**6.3**
Calhoun	120	0	0.0
Carroll	**271**	**0**	**0.0**
Cass	169	1	5.9
Cedar	**197**	**0**	**0.0**
Cerro Gordo	600	7	11.7
Cherokee	**158**	**1**	**6.3**
Chickasaw	166	1	6.0
Clarke	**105**	**0**	**0.0**
Clay	235	1	4.3
Clayton	**228**	**2**	**8.8**
Clinton	680	3	4.4
Crawford	**196**	**0**	**0.0**
Dallas	422	2	4.7
Davis	**107**	**0**	**0.0**
Decatur	88	2	22.7
Delaware	**261**	**0**	**0.0**
Des Moines	568	6	10.6
Dickinson	**152**	**4**	**26.3**
Dubuque	1,168	6	5.1
Emmet	**135**	**1**	**7.4**
Fayette	278	2	7.2
Floyd	**204**	**2**	**9.8**
Franklin	126	1	7.9
Fremont	**103**	**2**	**19.4**
Greene	123	0	0.0
Grundy	**113**	**1**	**8.8**
Guthrie	155	0	0.0
Hamilton	**206**	**3**	**14.6**
Hancock	142	1	7.0
Hardin	**192**	**0**	**0.0**
Harrison	200	0	0.0
Henry	**256**	**0**	**0.0**
Howard	126	0	0.0
Humboldt	**100**	**0**	**0.0**
Ida	94	1	10.6
Iowa	**198**	**0**	**0.0**
Jackson	258	3	11.6
Jasper	**455**	**3**	**6.6**
Jefferson	185	3	16.2
Johnson	1,359	11	8.1
Jones	**243**	**0**	**0.0**
Keokuk	147	1	6.8
Kossuth	**199**	**2**	**10.1**
Lee	540	3	5.6
Linn	**2,644**	**20**	**7.6**
Louisa	143	0	0.0
Lucas	**100**	**1**	**10.0**
Lyon	180	3	16.7
Madison	**155**	**0**	**0.0**
Mahaska	264	2	7.6
Marion	**412**	**5**	**12.1**
Marshall	471	0	0.0
Mills	**151**	**0**	**0.0**
Mitchell	126	4	31.7
Monona	**145**	**0**	**0.0**
Monroe	98	0	0.0
Montgomery	**165**	**1**	**6.1**
Muscatine	656	10	15.2
O'Brien	**199**	**2**	**10.1**
Osceola	86	0	0.0
Page	**166**	**2**	**12.0**
Palo Alto	112	1	8.9
Plymouth	**317**	**4**	**12.6**
Pocahontas	99	0	0.0
Polk	**5,560**	**52**	**9.4**
Pottawattamie	1,261	13	10.3
Poweshiek	**215**	**0**	**0.0**
Ringgold	57	0	0.0
Sac	**140**	**1**	**7.1**
Scott	2,483	23	9.3
Shelby	**154**	**2**	**13.0**
Sioux	433	4	9.2
Story	**878**	**5**	**5.7**
Tama	226	2	8.8
Taylor	**75**	**0**	**0.0**
Union	149	1	6.7
Van Buren	**91**	**1**	**11.0**
Wapello	422	5	11.8
Warren	**516**	**4**	**7.8**
Washington	269	4	14.9
Wayne	**74**	**0**	**0.0**
Webster	566	5	8.8
Winnebago	**141**	**1**	**7.1**
Winneshiek	255	2	7.8
Woodbury	**1,665**	**19**	**11.4**
Worth	91	1	11.0
Wright	**171**	**2**	**11.7**
Iowa	**38,459**	**307**	**8.0**
United States (1991)			8.9

County	Live Births	Low Birthwt.	% Low Birthwt.
Adair	105	4	3.8%
Adams	**41**	**4**	**9.8%**
Allamakee	199	7	3.5%
Appanoose	**174**	**6**	**3.4%**
Audubon	70	7	10.0%
Benton	**304**	**14**	**4.6%**
Black Hawk	1,651	127	7.7%
Boone	**289**	**11**	**3.8%**
Bremer	259	9	3.5%
Buchanan	**327**	**15**	**4.6%**
Buena Vista	274	22	8.0%
Butler	**159**	**3**	**1.9%**
Calhoun	120	4	3.3%
Carroll	**271**	**9**	**3.3%**
Cass	169	9	5.3%
Cedar	**197**	**13**	**6.6%**
Cerro Gordo	600	35	5.8%
Cherokee	**158**	**3**	**1.9%**
Chickasaw	166	12	7.2%
Clarke	**105**	**5**	**4.8%**
Clay	235	14	6.0%
Clayton	**228**	**12**	**5.3%**
Clinton	680	39	5.7%
Crawford	**196**	**3**	**1.5%**
Dallas	422	30	7.1%
Davis	**107**	**6**	**5.6%**
Decatur	88	6	6.8%
Delaware	**261**	**9**	**3.4%**
Des Moines	568	35	6.2%
Dickinson	**152**	**13**	**8.6%**
Dubuque	1,168	59	5.1%
Emmet	**135**	**7**	**5.2%**
Fayette	278	22	7.9%
Floyd	**204**	**11**	**5.4%**
Franklin	126	2	1.6%
Fremont	**103**	**7**	**6.8%**
Greene	123	4	3.3%
Grundy	**113**	**3**	**2.7%**
Guthrie	155	5	3.2%
Hamilton	**206**	**13**	**6.3%**
Hancock	142	7	4.9%
Hardin	**192**	**10**	**5.2%**
Harrison	200	11	5.5%
Henry	**256**	**12**	**4.7%**
Howard	126	7	5.6%
Humboldt	**100**	**5**	**5.0%**
Ida	94	4	4.3%
Iowa	**198**	**7**	**3.6%**
Jackson	258	15	5.8%
Jasper	**455**	**32**	**7.0%**
Jefferson	185	12	6.5%

Birthweight

state's percentage by the year 2000 will rise to 6.6 percent. As with infant mortality, less than one-half of the counties in the state had achieved the low birthweight goal of 5.0 percent or below in 1992.

County	Live Births	Low Birthwt.	% Low Birthwt.
Johnson	1,359	73	5.4%
Jones	**243**	**5**	**2.1%**
Keokuk	147	7	4.8%
Kossuth	**199**	**12**	**6.0%**
Lee	540	31	5.7%
Linn	**2,644**	**132**	**5.0%**
Louisa	143	7	4.9%
Lucas	**100**	**7**	**7.0%**
Lyon	180	7	3.9%
Madison	**155**	**3**	**1.9%**
Mahaska	264	15	5.7%
Marion	**412**	**26**	**6.3%**
Marshall	471	32	6.8%
Mills	**151**	**5**	**3.3%**
Mitchell	126	6	4.8%
Monona	**145**	**13**	**9.0%**
Monroe	98	8	8.2%
Montgomery	**165**	**8**	**4.8%**
Muscatine	656	46	7.0%
O'Brien	**199**	**8**	**4.0%**
Osceola	86	5	5.8%
Page	**166**	**9**	**5.4%**
Palo Alto	112	8	7.1%
Plymouth	**317**	**20**	**6.3%**
Pocahontas	99	3	3.0%
Polk	**5,560**	**381**	**6.9%**
Pottawattamie	1,261	93	7.4%
Poweshiek	**215**	**8**	**3.7%**
Ringgold	57	5	8.8%
Sac	**140**	**5**	**3.6%**
Scott	2,483	151	6.1%
Shelby	**154**	**9**	**5.8%**
Sioux	433	15	3.5%
Story	**878**	**39**	**4.4%**
Tama	226	10	4.4%
Taylor	**75**	**3**	**4.0%**
Union	149	4	2.7%
Van Buren	**91**	**1**	**1.1%**
Wapello	422	25	5.9%
Warren	**516**	**28**	**5.4%**
Washington	269	12	4.5%
Wayne	**74**	**4**	**5.4%**
Webster	566	26	4.6%
Winnebago	**141**	**6**	**4.3%**
Winneshiek	255	11	4.3%
Woodbury	**1,665**	**114**	**6.8%**
Worth	91	5	5.5%
Wright	**171**	**15**	**8.8%**
Iowa	**38,459**	**2,207**	**5.7%**
United States (1991)			7.1%

Child Deaths

The child death rate in Iowa dropped from 26.4 deaths per 100,000 children age 1 - 14 in 1991 to 21.3 deaths in 1992. Furthermore, the state already has achieved the Healthy People 2000 goal of 28.0 child deaths per 100,000 children.

County	Child Population	Child Deaths	Death Rate
Adair	1,684	0	0.0
Adams	**923**	**0**	**0.0**
Allamakee	3,010	0	0.0
Appanoose	**2,729**	**1**	**36.6**
Audubon	1,480	0	0.0
Benton	**4,990**	**0**	**0.0**
Black Hawk	25,105	8	31.9
Boone	**4,973**	**0**	**0.0**
Bremer	4,531	1	22.1
Buchanan	**5,127**	**0**	**0.0**
Buena Vista	4,166	0	0.0
Butler	**3,277**	**0**	**0.0**
Calhoun	2,320	2	86.2
Carroll	**5,187**	**0**	**0.0**
Cass	3,080	3	97.4
Cedar	**3,712**	**0**	**0.0**
Cerro Gordo	9,239	3	32.5
Cherokee	**3,007**	**0**	**0.0**
Chickasaw	2,942	2	68.0
Clarke	**1,719**	**0**	**0.0**
Clay	3,894	0	0.0
Clayton	**4,167**	**2**	**48.0**
Clinton	10,859	0	0.0
Crawford	**3,585**	**0**	**0.0**
Dallas	6,629	2	30.2
Davis	**1,778**	**0**	**0.0**
Decatur	1,517	1	65.9
Delaware	**4,475**	**0**	**0.0**
Des Moines	8,769	0	0.0
Dickinson	**2,787**	**2**	**71.8**
Dubuque	18,557	6	32.3
Emmet	**2,398**	**0**	**0.0**
Fayette	4,555	0	0.0
Floyd	**3,503**	**3**	**85.6**
Franklin	2,344	2	85.3
Fremont	**1,705**	**0**	**0.0**
Greene	2,003	2	99.9
Grundy	**2,441**	**1**	**41.0**
Guthrie	2,162	1	46.3
Hamilton	**3,219**	**1**	**31.1**
Hancock	2,839	0	0.0
Hardin	**3,652**	**1**	**27.4**
Harrison	3,159	0	0.0
Henry	**3,872**	**0**	**0.0**
Howard	2,083	0	0.0
Humboldt	**2,187**	**0**	**0.0**
Ida	1,849	0	0.0
Iowa	**2,998**	**2**	**66.7**
Jackson	4,400	2	45.5
Jasper	**6,987**	**0**	**0.0**
Jefferson	3,215	2	62.2

Just over one-third of Iowa counties recorded more child deaths than the Healthy People 2000 goal during 1992, many of them rural counties which generally had higher child death rates than other counties.

County	Child Population	Child Deaths	Death Rate
Johnson	15,665	3	19.2
Jones	**3,950**	**0**	**0.0**
Keokuk	2,428	0	0.0
Kossuth	**4,141**	**1**	**24.1**
Lee	7,973	3	37.6
Linn	**33,518**	**2**	**6.0**
Louisa	2,491	0	0.0
Lucas	**1,778**	**1**	**56.2**
Lyon	2,897	1	34.5
Madison	**2,689**	**1**	**37.2**
Mahaska	4,477	1	22.3
Marion	**6,107**	**2**	**32.7**
Marshall	7,556	4	52.9
Mills	**2,834**	**0**	**0.0**
Mitchell	2,242	1	44.6
Monona	**1,943**	**0**	**0.0**
Monroe	1,635	0	0.0
Montgomery	**2,360**	**0**	**0.0**
Muscatine	8,806	2	22.7
O'Brien	**3,305**	**0**	**0.0**
Osceola	1,563	1	64.0
Page	**3,328**	**0**	**0.0**
Palo Alto	2,259	0	0.0
Plymouth	**5,445**	**0**	**0.0**
Pocahontas	1,983	2	100.9
Polk	**65,413**	**8**	**12.2**
Pottawattamie	17,926	4	22.3
Poweshiek	**3,653**	**1**	**27.4**
Ringgold	1,039	1	96.2
Sac	**2,636**	**4**	**151.7**
Scott	33,779	12	35.5
Shelby	**2,861**	**2**	**69.9**
Sioux	7,251	0	0.0
Story	**11,787**	**2**	**17.0**
Tama	3,589	0	0.0
Taylor	**1,428**	**1**	**70.0**
Union	2,570	0	0.0
Van Buren	**1,620**	**0**	**0.0**
Wapello	6,728	3	44.6
Warren	**8,081**	**0**	**0.0**
Washington	4,216	2	47.4
Wayne	**1,321**	**2**	**151.4**
Webster	8,382	2	23.9
Winnebago	**2,452**	**1**	**40.8**
Winneshiek	4,127	0	0.0
Woodbury	**22,122**	**2**	**9.0**
Worth	1,571	0	0.0
Wright	**2,744**	**0**	**0.0**
Iowa	**572,458**	**122**	**21.3**
United States (1991)			30.7

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Teen Violent Deaths

Births to 16-

The teen violent death rate, comprised of suicides, homicides and motor vehicle accidents, fell from 52.7 deaths per 100,000 teens age 15 - 19 in Iowa in 1991 to 43.1 deaths in 1992, a significant drop in just one year. Forty percent of the counties in the state had teen violent death rates higher than the overall state rate in 1992, most of them rural counties which, as with the child death rate, tended to have higher death rates than other counties.

For only the second time since 1986, the percentage of 16–17-year-olds giving birth in Iowa decreased from the previous year. The 1992 birth to 16–17-year-old percentage was 2.9 percent, down from 3.1 percent in 1991. The general trend,

County	Teen Population	Violent Deaths	Death Rate
Adair	486	2	411.5
Adams	**311**	**1**	**321.5**
Allamakee	916	1	109.2
Appanoose	**950**	**0**	**0.0**
Audubon	429	0	0.0
Benton	**1,441**	**0**	**0.0**
Black Hawk	9,970	5	50.2
Boone	**1,511**	**0**	**0.0**
Bremer	1,903	0	0.0
Buchanan	**1,499**	**1**	**66.7**
Buena Vista	1,479	1	67.6
Butler	**1,058**	**1**	**94.5**
Calhoun	656	0	0.0
Carroll	**1,387**	**1**	**72.1**
Cass	932	2	214.6
Cedar	**1,093**	**1**	**91.5**
Cerro Gordo	3,221	2	62.1
Cherokee	**950**	**0**	**0.0**
Chickasaw	944	1	105.9
Clarke	**535**	**0**	**0.0**
Clay	1,134	0	0.0
Clayton	**1,278**	**0**	**0.0**
Clinton	3,531	1	28.3
Crawford	**1,363**	**2**	**146.7**
Dallas	1,931	0	0.0
Davis	**578**	**1**	**173.0**
Decatur	798	0	0.0
Delaware	**1,246**	**0**	**0.0**
Des Moines	2,844	0	0.0
Dickinson	**887**	**0**	**0.0**
Dubuque	6,809	5	73.4
Emmet	**988**	**0**	**0.0**
Fayette	1,491	1	67.1
Floyd	**1,141**	**0**	**0.0**
Franklin	691	0	0.0
Fremont	**550**	**0**	**0.0**
Greene	591	0	0.0
Grundy	**728**	**0**	**0.0**
Guthrie	656	0	0.0
Hamilton	**1,039**	**1**	**96.2**
Hancock	836	0	0.0
Hardin	**1,573**	**1**	**63.6**
Harrison	993	0	0.0
Henry	**1,350**	**1**	**74.1**
Howard	580	1	172.4
Humboldt	**649**	**2**	**308.2**
Ida	540	0	0.0
Iowa	**838**	**0**	**0.0**
Jackson	1,420	0	0.0
Jasper	**2,321**	**2**	**86.2**
Jefferson	988	0	0.0
Johnson	8,758	2	22.8
Jones	**1,295**	**2**	**154.4**
Keokuk	748	0	0.0
Kossuth	**1,202**	**0**	**0.0**
Lee	2,471	1	40.5
Linn	**12,291**	**1**	**8.1**
Louisa	818	1	122.2
Lucas	**595**	**0**	**0.0**
Lyon	837	0	0.0
Madison	**929**	**0**	**0.0**
Mahaska	1,480	1	67.6
Marion	**2,386**	**1**	**41.9**
Marshall	2,548	1	39.2
Mills	**976**	**0**	**0.0**
Mitchell	735	3	408.2
Monona	**619**	**1**	**161.6**
Monroe	522	0	0.0
Montgomery	**786**	**0**	**0.0**
Muscatine	2,874	2	69.6
O'Brien	**969**	**0**	**0.0**
Osceola	486	0	0.0
Page	**1,132**	**0**	**0.0**
Palo Alto	811	1	123.3
Plymouth	**1,754**	**0**	**0.0**
Pocahontas	563	0	0.0
Polk	**21,721**	**5**	**23.0**
Pottawattamie	5,854	4	68.3
Poweshiek	**1,709**	**1**	**58.5**
Ringgold	316	0	0.0
Sac	**727**	**2**	**275.1**
Scott	10,560	5	47.3
Shelby	**894**	**0**	**0.0**
Sioux	2,683	0	0.0
Story	**7,903**	**2**	**25.3**
Tama	1,145	0	0.0
Taylor	**474**	**0**	**0.0**
Union	995	2	201.0
Van Buren	**450**	**0**	**0.0**
Wapello	2,508	2	79.7
Warren	**2,934**	**1**	**34.1**
Washington	1,220	1	82.0
Wayne	**389**	**0**	**0.0**
Webster	2,724	1	36.7
Winnebago	**1,027**	**0**	**0.0**
Winneshiek	1,994	0	0.0
Woodbury	**7,220**	**5**	**69.3**
Worth	494	0	0.0
Wright	**837**	**1**	**119.5**
Iowa	**199,416**	**86**	**43.1**
United States (1991)			71.1

County	Age 16-17 Female Pop.	Live Births	Birth Percentage
Adair	110	2	1.8%
Adams	**69**	**1**	**1.4%**
Allamakee	190	2	1.1%
Appanoose	**197**	**7**	**3.6%**
Audubon	92	0	0.0%
Benton	**278**	**6**	**2.2%**
Black Hawk	1,554	75	4.8%
Boone	**295**	**10**	**3.4%**
Bremer	336	2	0.6%
Buchanan	**303**	**5**	**1.7%**
Buena Vista	243	5	2.1%
Butler	**225**	**1**	**0.4%**
Calhoun	152	4	2.6%
Carroll	**293**	**1**	**0.3%**
Cass	201	2	1.0%
Cedar	**211**	**3**	**1.4%**
Cerro Gordo	565	26	4.6%
Cherokee	**225**	**2**	**0.9%**
Chickasaw	190	4	2.1%
Clarke	**132**	**4**	**3.0%**
Clay	205	2	1.0%
Clayton	**301**	**3**	**1.0%**
Clinton	682	24	3.5%
Crawford	**279**	**3**	**1.1%**
Dallas	399	7	1.8%
Davis	**117**	**1**	**0.9%**
Decatur	97	4	4.1%
Delaware	**293**	**4**	**1.4%**
Des Moines	524	21	4.0%
Dickinson	**183**	**6**	**3.7%**
Dubuque	1,262	28	2.2%
Emmet	**188**	**3**	**1.6%**
Fayette	304	7	2.3%
Floyd	**232**	**1**	**0.4%**
Franklin	156	3	1.9%
Fremont	**109**	**5**	**4.6%**
Greene	118	4	3.4%
Grundy	**165**	**1**	**0.6%**
Guthrie	165	7	4.2%
Hamilton	**206**	**2**	**1.0%**
Hancock	179	0	0.0%
Hardin	**218**	**7**	**3.2%**
Harrison	232	3	1.3%
Henry	**250**	**6**	**2.4%**
Howard	124	2	1.6%
Humboldt	**141**	**3**	**2.1%**
Ida	117	0	0.0%
Iowa	**169**	**7**	**4.1%**
Jackson	300	9	3.0%
Jasper	**460**	**12**	**2.6%**
Jefferson	179	3	1.7%

17-Year-Olds

however, has remained on the upswing with the percentage increasing 26.1 percent since 1986. One-third of Iowa's counties, mostly the more heavily populated, had percentages higher than the overall state percentage.

County	Age 16-17 Female Pop.	Live Births	Birth Percentage
Johnson	821	5	0.6%
Jones	**248**	**5**	**2.0%**
Keokuk	153	2	1.3%
Kossuth	**289**	**4**	**1.4%**
Lee	519	24	4.6%
Linn	**2,181**	**74**	**3.4%**
Louisa	183	2	1.1%
Lucas	**112**	**1**	**0.9%**
Lyon	182	2	1.1%
Madison	**174**	**3**	**1.7%**
Mahaska	282	8	2.8%
Marion	**272**	**7**	**2.6%**
Marshall	531	15	2.8%
Mills	**210**	**2**	**1.0%**
Mitchell	154	2	1.3%
Monona	**122**	**4**	**3.3%**
Monroe	100	4	4.0%
Montgomery	**163**	**5**	**3.1%**
Muscatine	543	26	4.8%
O'Brien	**192**	**7**	**3.6%**
Osceola	112	2	1.8%
Page	**208**	**10**	**4.8%**
Palo Alto	138	0	0.0%
Plymouth	**325**	**5**	**1.5%**
Pocahontas	111	1	0.9%
Polk	**4,078**	**157**	**3.8%**
Pottawattamie	1,103	32	2.9%
Poweshiek	**251**	**4**	**1.6%**
Ringgold	79	2	2.5%
Sac	**166**	**3**	**1.8%**
Scott	2,089	108	5.2%
Shelby	**209**	**5**	**2.4%**
Sioux	422	9	2.1%
Story	**666**	**5**	**0.8%**
Tama	269	11	4.1%
Taylor	**102**	**0**	**0.0%**
Union	182	4	2.2%
Van Buren	**76**	**5**	**6.6%**
Wapello	460	11	2.4%
Warren	**556**	**20**	**3.6%**
Washington	257	8	3.1%
Wayne	**81**	**3**	**3.7%**
Webster	508	23	4.5%
Winnebago	**159**	**5**	**3.1%**
Winneshiek	256	4	1.6%
Woodbury	**1,348**	**73**	**5.4%**
Worth	101	1	1.0%
Wright	**170**	**1**	**0.6%**
Iowa	**36,106**	**1,064**	**2.9%**
United States (1990)			4.8%

Teen Unmarried Births

The teen unmarried birth percentage, or proportion of all Iowa births to unmarried teens, continued to increase in 1992. The state percentage of 8.0 percent was up from a 7.8 percent mark the year before. This percentage has increased 66.7 percent since 1982 and at this rate will surpass the national percentage by the year 2000. One-fifth of the counties in the state already have teen unmarried birth percentages above the national figure.

County	Live Births	Teen Unm. Births	Teen Unm. %
Adair	105	5	4.8%
Adams	**41**	**1**	**2.4%**
Allamakee	199	7	3.5%
Appanoose	**174**	**15**	**8.6%**
Audubon	70	1	1.4%
Benton	**304**	**19**	**6.3%**
Black Hawk	1,651	228	13.8%
Boone	**289**	**20**	**6.9%**
Bremer	259	5	1.9%
Buchanan	**327**	**13**	**4.0%**
Buena Vista	274	14	5.1%
Butler	**159**	**11**	**6.9%**
Calhoun	120	7	5.8%
Carroll	**271**	**18**	**6.6%**
Cass	169	11	6.5%
Cedar	**197**	**13**	**6.6%**
Cerro Gordo	600	59	9.8%
Cherokee	**158**	**12**	**7.6%**
Chickasaw	166	6	3.6%
Clarke	**105**	**11**	**10.5%**
Clay	235	8	3.4%
Clayton	**228**	**13**	**5.7%**
Clinton	680	70	10.3%
Crawford	**196**	**18**	**9.2%**
Dallas	422	24	5.7%
Davis	**107**	**6**	**5.6%**
Decatur	88	10	11.4%
Delaware	**261**	**16**	**6.1%**
Des Moines	568	60	10.6%
Dickinson	**152**	**13**	**8.6%**
Dubuque	1,168	82	7.0%
Emmet	**135**	**13**	**9.6%**
Fayette	278	17	6.1%
Floyd	**204**	**12**	**5.9%**
Franklin	126	9	7.1%
Fremont	**103**	**12**	**11.7%**
Greene	123	6	4.9%
Grundy	**113**	**4**	**3.5%**
Guthrie	155	14	9.0%
Hamilton	**208**	**16**	**7.8%**
Hancock	142	5	3.5%
Hardin	**192**	**16**	**8.3%**
Harrison	200	10	5.0%
Henry	**256**	**19**	**7.4%**
Howard	126	4	3.2%
Humboldt	**100**	**4**	**4.0%**
Ida	94	4	4.3%
Iowa	**196**	**10**	**5.1%**
Jackson	258	17	6.6%
Jasper	**455**	**32**	**7.0%**
Jefferson	185	9	4.9%
Johnson	**1,359**	**32**	**2.4%**
Jones	**243**	**13**	**5.3%**
Keokuk	147	5	3.4%
Kossuth	**199**	**12**	**6.0%**
Lee	540	58	10.7%
Linn	**2,644**	**210**	**7.9%**
Louisa	143	14	9.8%
Lucas	**100**	**2**	**2.0%**
Lyon	180	6	3.3%
Madison	**155**	**7**	**4.5%**
Mahaska	264	22	8.3%
Marion	**412**	**23**	**5.6%**
Marshall	471	40	8.5%
Mills	**151**	**12**	**7.9%**
Mitchell	126	8	6.3%
Monona	**145**	**17**	**11.7%**
Monroe	98	12	12.2%
Montgomery	**165**	**10**	**6.1%**
Muscatine	656	56	8.5%
O'Brien	**199**	**14**	**7.0%**
Osceola	86	5	5.8%
Page	**166**	**22**	**13.3%**
Palo Alto	112	6	5.4%
Plymouth	**317**	**14**	**4.4%**
Pocahontas	99	4	4.0%
Polk	**5,560**	**498**	**9.0%**
Pottawattamie	1,261	128	10.2%
Poweshiek	**215**	**18**	**8.4%**
Ringgold	57	4	7.0%
Sac	**140**	**8**	**5.7%**
Scott	2,483	305	12.3%
Shelby	**154**	**7**	**4.5%**
Sioux	433	16	3.7%
Story	**878**	**27**	**3.1%**
Tama	226	21	9.3%
Taylor	**75**	**3**	**4.0%**
Union	149	9	6.0%
Van Buren	**91**	**10**	**11.0%**
Wapello	422	35	8.3%
Warren	**516**	**44**	**8.5%**
Washington	269	12	4.5%
Wayne	**74**	**6**	**8.1%**
Webster	566	50	8.8%
Winnebago	**141**	**16**	**11.3%**
Winneshiek	255	13	5.1%
Woodbury	**1,655**	**181**	**10.9%**
Worth	91	6	6.6%
Wright	**171**	**7**	**4.1%**
Iowa	**38,489**	**3,077**	**8.0%**
United States (1991)			9.0%

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Child Abuse

Foster

The founded rate of child abuse has increased dramatically during the last decade. In 1982, the child abuse rate in Iowa was 4.9 founded cases per 1,000 children age 0 - 17; by 1992, it had skyrocketed to 11.0 founded cases. While still below the national rate, both the state's number and rate of founded cases have more than doubled since 1982. One-third of Iowa's counties had founded child abuse rates higher than the overall state rate in 1992.

County	Child Population	Founded Cases	Founded Abuse Rate
Adair	2,111	16	7.6
Adams	**1,189**	**13**	**10.9**
Allamakee	3,774	31	8.2
Appanoose	**3,458**	**38**	**11.0**
Audubon	1,873	8	4.3
Benton	**6,219**	**28**	**4.5**
Black Hawk	31,402	497	15.8
Boone	**6,169**	**79**	**12.8**
Bremer	5,762	38	6.6
Buchanan	**6,419**	**43**	**6.7**
Buena Vista	5,175	58	11.2
Butler	**4,149**	**27**	**6.5**
Calhoun	2,889	14	4.8
Carroll	**6,359**	**15**	**2.4**
Cass	3,880	29	7.5
Cedar	**4,633**	**37**	**8.0**
Cerro Gordo	11,570	161	13.9
Cherokee	**3,827**	**15**	**3.9**
Chickasaw	3,737	19	5.1
Clarke	**2,168**	**31**	**14.3**
Clay	4,804	65	13.5
Clayton	**5,322**	**26**	**4.9**
Clinton	13,619	147	10.8
Crawford	**4,617**	**24**	**5.2**
Dallas	8,286	52	6.3
Davis	**2,262**	**24**	**10.6**
Decatur	1,941	36	18.5
Delaware	**5,540**	**39**	**7.0**
Des Moines	10,952	135	12.3
Dickinson	**3,506**	**39**	**11.1**
Dubuque	23,401	199	8.5
Emmet	**3,073**	**39**	**12.7**
Fayette	5,780	46	8.0
Floyd	**4,425**	**74**	**16.7**
Franklin	2,926	11	3.8
Fremont	**2,146**	**22**	**10.3**
Greene	2,486	18	7.2
Grundy	**3,077**	**13**	**4.2**
Guthrie	2,723	36	13.2
Hamilton	**4,081**	**63**	**15.4**
Hancock	3,561	24	6.7
Hardin	**4,775**	**18**	**3.8**
Harrison	3,959	58	14.7
Henry	**4,847**	**42**	**8.7**
Howard	2,629	14	5.3
Humboldt	**2,742**	**10**	**3.6**
Ida	2,334	8	3.4
Iowa	**3,745**	**24**	**6.4**
Jackson	5,565	47	8.4
Jasper	**8,912**	**109**	**12.2**
Jefferson	3,987	29	7.3
Johnson	19,347	137	7.1
Jones	**4,990**	**54**	**10.8**
Keokuk	3,021	25	8.3
Kossuth	**5,215**	**52**	**10.0**
Lee	9,971	106	10.6
Linn	**42,430**	**394**	**9.3**
Louisa	3,162	10	3.2
Lucas	**2,234**	**28**	**12.5**
Lyon	3,614	10	2.8
Madison	**3,444**	**16**	**4.6**
Mahaska	5,624	51	9.1
Marion	**7,684**	**107**	**13.9**
Marshall	9,598	81	8.4
Mills	**3,625**	**42**	**11.6**
Mitchell	2,848	26	9.1
Monona	**2,456**	**13**	**5.3**
Monroe	2,059	24	11.7
Montgomery	**2,974**	**24**	**8.1**
Muscatine	11,140	205	18.4
O'Brien	**4,124**	**32**	**7.8**
Osceola	1,979	10	5.1
Page	**4,214**	**61**	**14.5**
Palo Alto	2,848	19	6.7
Plymouth	**6,792**	**20**	**2.9**
Pocahontas	2,478	8	3.2
Polk	**81,971**	**1,474**	**18.0**
Pottawattamie	22,527	302	13.4
Poweshiek	**4,663**	**22**	**4.7**
Ringgold	1,298	23	17.7
Sac	**3,278**	**41**	**12.5**
Scott	42,187	584	13.8
Shelby	**3,586**	**28**	**7.8**
Sioux	8,941	24	2.7
Story	**14,680**	**85**	**5.8**
Tama	4,548	46	10.1
Taylor	**1,822**	**18**	**9.9**
Union	3,292	65	19.7
Van Buren	**2,015**	**6**	**3.0**
Wapello	8,568	140	16.3
Warren	**10,186**	**112**	**11.0**
Washington	5,254	38	7.2
Wayne	**1,657**	**33**	**19.9**
Webster	10,483	148	14.1
Winnebago	**3,090**	**27**	**8.7**
Winneshiek	5,131	20	3.9
Woodbury	**27,579**	**390**	**14.1**
Worth	1,982	21	10.6
Wright	**3,485**	**40**	**11.5**
Iowa	**718,880**	**7,930**	**11.0**
United States (1992)			20.4

The foster care rate in Iowa decreased from 1991 to 1992, dropping from a placement rate of 5.2 per 1,000 children age 0 - 17 in 1991 to 5.0 per 1,000 children in 1992. This was partially due to the "cap" the state instituted on group

County	Child Population	Foster Care	Foster Care Rate
Adair	2,111	0	0.0
Adams	**1,189**	**4**	**3.4**
Allamakee	3,774	17	4.5
Appanoose	**3,458**	**36**	**10.4**
Audubon	1,873	7	3.7
Benton	**6,219**	**28**	**4.5**
Black Hawk	31,402	240	7.6
Boone	**6,169**	**19**	**3.1**
Bremer	5,762	18	3.1
Buchanan	**6,419**	**23**	**3.6**
Buena Vista	5,175	21	4.1
Butler	**4,149**	**9**	**2.2**
Calhoun	2,889	6	2.1
Carroll	**6,359**	**17**	**2.7**
Cass	3,880	21	5.4
Cedar	**4,633**	**22**	**4.7**
Cerro Gordo	11,570	65	5.6
Cherokee	**3,827**	**19**	**5.0**
Chickasaw	3,737	9	2.4
Clarke	**2,168**	**12**	**5.5**
Clay	4,804	23	4.8
Clayton	**5,322**	**16**	**3.0**
Clinton	13,619	56	4.1
Crawford	**4,617**	**25**	**5.4**
Dallas	8,286	37	4.5
Davis	**2,262**	**8**	**3.5**
Decatur	1,941	11	5.7
Delaware	**5,540**	**26**	**4.7**
Des Moines	10,952	51	4.7
Dickinson	**3,506**	**15**	**4.3**
Dubuque	23,401	129	5.5
Emmet	**3,073**	**24**	**7.8**
Fayette	5,780	12	2.1
Floyd	**4,425**	**38**	**8.6**
Franklin	2,926	10	3.4
Fremont	**2,146**	**7**	**3.3**
Greene	2,486	4	1.6
Grundy	**3,077**	**8**	**2.6**
Guthrie	2,723	12	4.4
Hamilton	**4,081**	**31**	**7.6**
Hancock	3,561	3	0.8
Hardin	**4,775**	**24**	**5.0**
Harrison	3,959	17	4.3
Henry	**4,847**	**17**	**3.5**
Howard	2,629	4	1.5
Humboldt	**2,742**	**8**	**2.9**
Ida	2,334	9	3.9
Iowa	**3,745**	**12**	**3.2**
Jackson	5,565	15	2.7
Jasper	**8,912**	**41**	**4.6**
Jefferson	3,987	22	5.5

Care

foster care placements in 1992-93 (a monthly average of 1,405 children). This "cap" has since been lowered for 1993-94 to a monthly average of 1,350 children and 1993 and subsequent years' foster care figures will reflect this.

County	Child Population	Foster Care	Foster Care Rate
Johnson	19,347	83	4.3
Jones	4,990	16	3.2
Keokuk	3,021	13	4.3
Kossuth	5,215	11	2.1
Lee	9,971	56	5.6
Linn	42,430	212	5.0
Louisa	3,162	15	4.7
Lucas	2,234	9	4.0
Lyon	3,614	2	0.6
Madison	3,444	4	1.2
Mahaska	5,624	69	12.3
Marion	7,684	37	4.8
Marshall	9,598	43	4.5
Mills	3,625	27	7.4
Mitchell	2,848	1	0.4
Monona	2,456	8	3.3
Monroe	2,059	19	9.2
Montgomery	2,974	13	4.4
Muscatine	11,140	56	5.0
O'Brien	4,124	13	3.2
Osceola	1,979	4	2.0
Page	4,214	29	6.9
Palo Alto	2,848	8	2.8
Plymouth	6,792	11	1.6
Pocahontas	2,478	5	2.0
Polk	81,971	403	4.9
Pottawattamie	22,527	104	4.6
Poweshiek	4,663	29	6.2
Ringgold	1,298	6	4.6
Sac	3,278	19	5.8
Scott	42,187	251	5.9
Shelby	3,586	14	3.9
Sioux	8,941	21	2.3
Story	14,680	54	3.7
Tama	4,548	28	6.2
Taylor	1,822	2	1.1
Union	3,292	18	5.5
Van Buren	2,015	7	3.5
Wapello	8,568	74	8.6
Warren	10,186	48	4.7
Washington	5,254	30	5.7
Wayne	1,657	11	6.6
Webster	10,483	66	6.3
Winnebago	3,090	11	3.6
Winneshiek	5,131	9	1.8
Woodbury	27,579	331	12.0
Worth	1,982	0	0.0
Wright	3,485	18	5.2
Iowa	**718,880**	**3,626**	**5.0**
United States (1990)			6.4

High School Graduation

The high school graduation percentage in Iowa was 86.2 percent in 1992, up from the 85.0 percent figure the year before. Though Iowa ranks ninth nationally in the percentage of students who graduate, the state's percentage has remained relatively unchanged during the past decade (85.4 percent in 1982). With demands for an increasingly well-educated workforce, this lack of progress may hinder graduates as they try to find employment with family-sustaining wages.

County	Avg. Class Size	Graduates	Graduation Percentage
Adair	88	86	97.7%
Adams	50	38	76.0%
Allamakee	211	200	94.8%
Appanoose	191	149	78.0%
Audubon	89	88	98.9%
Benton	294	268	91.2%
Black Hawk	1,302	756	58.1%
Boone	280	257	91.8%
Bremer	428	415	97.0%
Buchanan	248	224	90.3%
Buena Vista	243	209	86.0%
Butler	198	193	97.5%
Calhoun	191	188	98.4%
Carroll	205	195	95.1%
Cass	232	213	91.8%
Cedar	273	250	91.6%
Cerro Gordo	493	413	83.8%
Cherokee	203	186	91.6%
Chickasaw	178	163	91.6%
Clarke	129	112	86.8%
Clay	266	241	90.6%
Clayton	284	268	94.4%
Clinton	679	546	80.4%
Crawford	251	209	83.3%
Dallas	462	393	85.1%
Davis	109	100	91.7%
Decatur	115	103	89.6%
Delaware	256	248	96.9%
Des Moines	530	482	90.9%
Dickinson	208	192	92.3%
Dubuque	939	823	87.6%
Emmet	177	166	93.8%
Fayette	338	313	92.6%
Floyd	247	215	87.0%
Franklin	146	128	87.7%
Fremont	134	124	92.5%
Greene	136	123	90.4%
Grundy	175	167	95.4%
Guthrie	181	168	92.8%
Hamilton	220	195	88.6%
Hancock	185	181	97.8%
Hardin	290	266	91.7%
Harrison	230	203	88.3%
Henry	280	259	92.5%
Howard	165	162	98.2%
Humboldt	140	132	94.3%
Ida	109	107	98.2%
Iowa	199	193	97.0%
Jackson	287	262	91.3%
Jasper	479	440	91.9%
Jefferson	133	109	82.0%
Johnson	748	702	93.9%
Jones	244	226	92.6%
Keokuk	170	155	91.2%
Kossuth	189	180	95.2%
Lee	475	394	82.9%
Linn	2,016	1,798	89.2%
Louisa	202	177	87.6%
Lucas	117	107	91.5%
Lyon	170	166	97.6%
Madison	203	194	95.6%
Mahaska	224	196	87.5%
Marion	391	353	90.3%
Marshall	466	421	90.3%
Mills	186	161	86.6%
Mitchell	141	132	93.6%
Monona	139	125	89.9%
Monroe	97	78	80.4%
Montgomery	161	138	85.7%
Muscatine	548	461	84.1%
O'Brien	216	200	92.6%
Osceola	68	66	97.1%
Page	247	219	88.7%
Palo Alto	160	149	93.1%
Plymouth	315	296	94.0%
Pocahontas	122	112	91.8%
Polk	3,659	2,839	77.6%
Pottawattamie	1,086	973	89.6%
Poweshiek	210	182	86.7%
Ringgold	76	66	86.8%
Sac	180	169	93.9%
Scott	2,018	1,491	73.9%
Shelby	203	200	98.5%
Sioux	246	230	93.5%
Story	715	672	94.0%
Tama	251	219	87.3%
Taylor	84	79	94.0%
Union	180	160	88.9%
Van Buren	104	92	88.5%
Wapello	492	368	74.8%
Warren	532	499	93.8%
Washington	244	203	83.2%
Wayne	99	95	96.0%
Webster	426	354	83.1%
Winnebago	206	186	90.3%
Winneshiek	202	185	91.6%
Woodbury	1,277	1,025	80.3%
Worth	86	80	93.0%
Wright	200	190	95.0%
Iowa	**34,667**	**29,884**	**86.2%**
United States (1991)			68.8%

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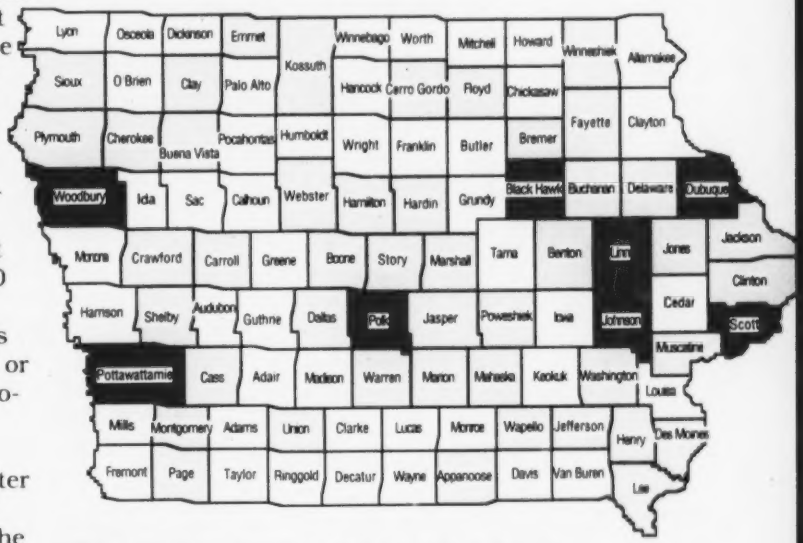
Rural, Small Urban and Metropolitan County Comparisons

Many of Iowa's counties are small enough that variations on the eight indicators of child well-being will be pronounced from year to year. For this reason, counties were divided into three county groupings for further analysis: counties with no population center of 5,000 inhabitants or more (designated rural counties), counties with the largest population center being from 5,000 to 49,999 inhabitants (designated small urban counties) and counties with a population center of 50,000 or more inhabitants (designated metropolitan counties).



Metropolitan Counties **Small Urban Counties**
Rural Counties

The rural counties in Iowa had better rates than the small urban and metropolitan counties on most of the indicators. The only indicators which showed poorer rural rates were the child death and teen violent death rates. Because motor vehicle accidents make up the majority of deaths for these two indicators and residents of rural counties must drive further distances, these poorer rates are expected.

For the other seven indicators examined here, the metropolitan counties experienced the poorest rates followed by the small urban and rural counties. In some instances, the metropolitan rates were twice the rural rates. Even so, with the exception of teen unmarried births, the metropolitan rates were better than or equal to the rates for the country as a whole.

Child Indicators Rural, Small Urban and Metropolitan Counties and Iowa

	Rural	Small Urban	Metropolitan	Iowa
1992 Well-Being Indicators				
Infant Mortality Rate	6.5	7.5	8.9	8.0
Low Birthweight Percentage	5.0%	5.3%	6.4%	5.7%
Child Death Rate	31.3	18.7	19.4	21.3
Teen Violent Death Rate	60.4	40.9	38.5	43.1
Birth to 16-17-Year-Old Percentage	1.9%	2.6%	3.8%	2.9%
Teen Unmarried Birth Percentage	6.3%	7.1%	9.4%	8.0%
Child Abuse Rate	8.1	9.7	13.7	11.0
Foster Care Rate	3.5	4.8	6.0	5.0
High School Graduation Percentage	92.6%	88.8%	79.8%	86.2%

Iowa Kids Count Leadership Collaborative

The Iowa Kids Count Steering Committee organizes the work of the Leadership Collaborative, comprised of the following Iowa state and community leaders:

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For Further Information

In addition to its annual report on the well-being of Iowa children, the Iowa Kids Count Initiative publishes a quarterly newsletter which is available upon request. Persons and organizations wishing to receive further publications of the Iowa Kids Count Initiative should contact Mike Crawford, Project Director, Child and Family Policy Center, 100 Court Avenue, Suite 312, Des Moines, IA 50309 (ph: 515-280-9027; fax:515-243-5941).

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